

## SECTION A - COVER SHEET

OMB No. 9000-0002  
Expires Sep 30, 2000

The public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (9000-0002), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS IN BLOCK 4 BELOW.

1. SOLICITATION NUMBER  DADA10-00-R-0013	2. (X one)  <input type="checkbox"/> a. INVITATION FOR BID (IFB) <input checked="" type="checkbox"/> b. REQUEST FOR PROPOSAL (RFP) <input type="checkbox"/> c. REQUEST FOR QUOTATION (RFQ)	3. DATE/TIME RESPONSE DUE  31 May 2001/1500 HRS
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## INSTRUCTIONS

NOTE: The provision entitled "Required Central Contractor Registration" is applicable to most solicitations.

1. If you are not submitting a response, complete the information in Blocks 9 through 11 and return to the issuing office in Block 4 unless a different return address is indicated in Block 7.

2. Responses must set forth full, accurate, and complete information as required by this solicitation (including attachments). "Fill-ins" are provided on Standard Form 18, Standard Form 33, and other solicitation documents. Examine the entire solicitation carefully. The penalty for making false statements is prescribed in 18 U.S.C. 1001.

3. Responses must be plainly marked with the Solicitation Number and the date and local time set forth for bid opening or receipt of proposals in the solicitation document.

4. Information regarding the timeliness of response is addressed in the provision of this solicitation entitled either "Late Submission, Modification and Withdrawal of Bid" or "Instructions to Offerors - Competitive Acquisitions".

4. ISSUING OFFICE (Complete mailing address, including ZIP Code) MEDCOM CONTRACTING CENTER/MCAA BLDG 4197, 2107 17TH STREET FORT SAM HOUSTON, TX 78234-5015	5. ITEMS TO BE PURCHASED (Brief description) BASE OPERATING SERVICES FOR THE UNITED STATES ARMY GARRISON AT FORT SAM HOUSTON, SAN ANTONIO, TEXAS (CONDUCTED PURSUANT TO OFFICE OF MANAGEMENT AND BUDGET CIRCULAR NO. A-76)
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6. PROCUREMENT INFORMATION (X and complete as applicable)	
<input checked="" type="checkbox"/> a. THIS PROCUREMENT IS UNRESTRICTED	
b. THIS PROCUREMENT IS _____ % SET-ASIDE FOR SMALL BUSINESS. THE APPLICABLE SIC CODE IS: _____	
c. THIS PROCUREMENT IS _____ % SET-ASIDE FOR HUB ZONE CONCERNS. THE APPLICABLE SIC CODE IS: _____	
d. THIS PROCUREMENT IS RESTRICTED TO FIRMS ELIGIBLE UNDER SECTION 8(a) OF THE SMALL BUSINESS ACT.	

7. ADDITIONAL INFORMATION  
This procurement is solicited and will be evaluated and awarded based on the lowest price technically acceptable methodology. Proposals will be rated as Acceptable/Marginal/Unacceptable. Offerors proposals must achieve an acceptable rating on all evaluation factors in Section M. All questions shall be directed to the Contracting Officer in writing prior to the date for the preproposal conference. The Fort Sam Houston website is the preferred forum for questions at <http://a76fsh.amedd.army.mil>. All questions and answers will be posted to the website.

8. POINT OF CONTACT FOR INFORMATION	
a. NAME (Last, First, Middle Initial) HANKINS, GARY D.	b. ADDRESS (Include Zip Code) Bldg 4197, 2107 17th Street Fort Sam Houston, TX 78234-5015
c. TELEPHONE NUMBER (Include Area Code and Extension) (210) 221-4122	d. E-MAIL ADDRESS Gary.Hankins@ CEN.AMEDD.ARMY.MIL

9. REASONS FOR NO RESPONSE (X all that apply)	
a. CANNOT COMPLY WITH SPECIFICATIONS	d. DO NOT REGULARLY MANUFACTURE OR SELL THE TYPE OF ITEMS INVOLVED
b. UNABLE TO IDENTIFY THE ITEM(S)	e. OTHER (Specify)
c. CANNOT MEET DELIVERY REQUIREMENT	

10. MAILING LIST INFORMATION (X one)	
WE <input type="checkbox"/> DO <input type="checkbox"/> DO NOT DESIRE TO BE RETAINED ON THE MAILING LIST FOR FUTURE PROCUREMENT OF THE TYPE INVOLVED.	
11a. COMPANY NAME	b. ADDRESS (Include Zip Code)
c. ACTION OFFICER	
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) TITLE
(3) SIGNATURE	(4) DATE SIGNED (YYYYMMDD)